TOTAL CLAIMS (Column 1) (Column 2) TY	MALL EI	NTITY	22.07	77.70		•
TOTAL CLAIMS 10			00	OTHE	R THAN	1
		FEE	OR 1	RATE	ENTITY	┨
POH NUMBER FILED NUMBER EXTRA BA	ASIC FEE	 		BASIC FEI	FEE 770.00	┨
TOTAL CHARGEABLE CLAIMS // minus 20= " M	XS 9=		1	10000	1	1
INDEPENDENT CLAIMS 2 minus 3 = 2			OR			4
MULTIPLE DEPENDENT CLAIM PRESENT	X43=		OR	X86=	344,	ł
* If the difference in column 1 is less than zero, enter "0" in column 2	145=		OR	+290=		İ
	OTAL		OR	TOTAL	1114.	þ
CLAIMS AS AMENDED - PART II /O -S -06 (Column 1) (Column 2) (Column 3) SI CLAIMS HIGHEST	MALL E	NTITY	OR	OTHER SMALL		
REMAINING NUMBER DOCCENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total • // Minus • 20 • O	¢\$ 9=		OR	X\$18=	0	I
Independent • 8 Minus ••• 7 = /	(43=		OR	₹	200	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	145=			+290=		
	TOTAL		OR	TOTAL	28	ŀ
ADDI (Column 1) (Column 2) (Column 3)	NT. FEE L]	OR,	ADDIT. FEE	200	
TO 4/27/ CLAIMS MIGHEST NUMBER PRESENT		ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE	
Total • // Minus	S 9=		OR	X\$18=		
Independent • \$ 7/ Minus / 600	43=	• •		X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	-		OR			į
	45=		OR	+290=		
ADDIT	TOTAL IT. FEE		OR A	DOTT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST		•	٠ ـ			İ
CLAIMS REMAINING AFTER AMENDMENT Total Minus Min	ATE: T	ADDI- TONAL FEE		RATE	ADOI- TIONAL FEE	
Total • Minus •• X\$	9=		DR	X\$18=		
Independent a Minus ooo s	13=		. · ·	X86=		
PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	-	—— "	OR -			
+14 the entry in column 1 is less than the entry in column 2, write "0" in column 3.			æL	+290=		•
THE THE THE THE PROVIDERY PAIN FOR IN THIS SPACE IS less than 20, enter 20. ADDIT.		. المجسبية		TOTAL DOTT. FEE		•
This requirest Number Previously Paid For" (Total or Independent) is the highest number found in t	• • •		••.			:

Application or Docket Number